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PLACE COT BIRTH	
1. County of ARIZO	NA STATE BOARD OF HEALTH
District of	WEALTH
The state of the s	VITAL STATISTICS State Index No
or or	IFICATE OF BIRTH County Registrar No. 3(0)
	Local Registrar No.
City of	St. Tr.
(If birth occupand in	hospital or institution, give its NAME instead of street and number)
2. Fell name of child	
	If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY 4. Twin, triplet or in event of plural	other
Male births.	7. Date 11/2 7 197
5. No., in order of	birth Month Day Year
8. PATHER	Monday Day Year
0/	14. MOTHER
Full name	Full maiden belle A
The desired the second	- dagadir
N. Repidence	15. Residences
(Usual place of abode)	(Usual place of abode)
If near esignat, give prace and state	If nonresignation of the state
10. Color or race	b. to there and state
	16. Cust or race
CHalian 11 mars 27	MIN 10
11. Age at last birthday (Yestrs)	17. Age at last birthday (Years)
12. Birthpiace (city or place)	
	18. Birthplace (city or place)
(State or country)	(State or country)
13. Occupation	
	19. Occupation
Nature of industry //	Nature of industry
20. Number of children of this mother i (a) Horn eller	
/ Dorn mive and now living 21. Were precautions taken assingt at	
certified and including this thin herein (w) Down save out now dead	
I hereby certify that I attended the high of the light of	
at 2	
(Born alive or stillborn) on the date above stated.	
or midwife, then the father, householder, signature ctc., should make this return A stillborn	

Address

Filed Way 3/ 1924 C. 202

Filed 6-6 1924 B. S. 104

O4/-402-369

Registrar.